



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

MASSACHUSETTS CONRAD-30/J-1 VISA WAIVER POLICIES
Federal Fiscal Year (October 1 - September 30)

The Massachusetts Department of Public Health (MDPH), through the Conrad-30/J-1 Visa Waiver Program, is committed to supporting employment requests for J-1 visa physicians in sites that have a history of serving the state's medically underserved. The MDPH J-1 Visa Waiver Program has been implemented in accordance with its authority under the "Conrad Amendment" to P.L. 103-416. This law permits MDPH to assist health care facilities located in federally designated medically underserved areas with physician recruitment by supporting J-1 visa waiver requests.

Federal law authorizes MDPH to support no more than thirty J-1 visa waiver requests per federal fiscal year (October 1 - September 30). MDPH will begin accepting applications, October 1st of each year.

Applications will be reviewed with special attention and favorability to primary care services, identified areas of greatest need, and providing service in the public interest in the Commonwealth.

The decision to support a waiver request is at the discretion of MDPH. Those requests that are supported by MDPH will be forwarded to the U.S. Department of State (DOS), Bureau of Consular Affairs, which reviews and recommends the J-1 Visa Waiver applications to the Bureau of Citizenship and Immigration Services. Copies of the support letter from MDPH will be mailed to the physician, the legal representative when appropriate, and the employer.

After receiving DOS approval, the physician must seek an H-1B visa before beginning employment. The Department plays no role in this subsequent step.

Outlined on the following pages are criteria for the Massachusetts Visa Waiver program and the steps and paperwork required to submit an application for review.

Conditions for Application

MDPH considers requests for support of J-1 visa waivers that meet the following conditions:

- MDPH only considers requests submitted by the employing health care facility.
- The employer must submit a letter requesting that MDPH act as an interested government agency (see Step 2, on page 5 for complete details about what to include in the letter).
- Prior to employment, the physician must meet all medical licensure requirements for the Commonwealth of Massachusetts.
- The physician must agree to practice medicine full-time in the health care facility for a minimum of three (3) years and begin employment within ninety (90) days of receipt of their waiver.
- The physician's full-time practice site must be located in a Health Professional Shortage Area (HPSA) or Medically Underserved Area/Population (MUA/P). Instructions for determining whether a site is qualified are included as Appendix A of this document.
- Community Health Centers and Hospitals with federally qualifying disproportionate share percentages, or other measure of high utilization by underserved populations, will receive priority as placement sites for Conrad 30 waivers. Other health care provider sites, located in Health Professional Shortage Areas (HPSA) or with Medically Underserved Area or Population designations (MUA or MUP) will be required to document a significant percentage of MassHealth (Medicaid), Medicare and sliding fee or other charity care in order to qualify.
- The facility must demonstrate a history of recruitment difficulty or specific need for the position the J-1 Visa physician will be filling. The facility must be able to document recruitment history with dated advertisements and/or agreements with placement agencies for a minimum of six (6) months.
- The facility must explain efforts made to recruit physicians who are U.S. Citizens.
- Primary Care services continue to be a priority for the MDPH Visa Waiver program. Primary Care is interpreted to include physicians who are trained in and will practice internal medicine, pediatrics, family practice, obstetrics-gynecology or psychiatry.

Physicians will receive additional preference if their primary language is significantly represented as an underserved population in the proposed practice community. A list of selected communities and languages is attached as Appendix B.

- MDPH reserves the right to use up to five (5) waivers each year to place qualified physicians in state or other eligible facilities that may be located outside of federally designated shortage areas. These facilities must document that they are serving patients coming from federally designated high-need areas.

- MDPH will, with discretion, support requests for placement of physicians who are currently enrolled or have completed a subspecialty or non-primary care fellowship. In addition to the other conditions listed above, applications to support a specialty physician must include:
 - a. Data documenting the shortage of physicians in this specialty/fellowship in the particular community and statewide;
 - b. The impact of this specialty shortage on community health, costs of care, and other relevant information.
 - c. The percentage of MassHealth (Medicaid), Medicare and uninsured patients expected to be seen by the specialty physician;
 - d. Average waiting time for a non-emergency patient visit for that specialty.
- All applications must include a minimum of three (3) letters of support from non-applicant community agencies or referring providers.
- MDPH may consider supporting more than one (1) application per agency based on the conditions of need identified above.

Agencies that are considering submitting more than one application must coordinate all applications through one agency identified "point person" who is known to MDPH as such; and must prioritize the applications.

If an agency does not meet all the conditions listed above, the agency will not be eligible, and the application will not be supported by MDPH.

These Conditions for Application are also reflected in the attached Checklist and in Step 2 of the application instructions.

Note that the MDPH does not offer any assistance in placing physicians in suitable employment.

MDPH does not support waivers for research or teaching positions.

Transfer Request

MDPH does not support application requests from physicians to change the agency of employment; or requests from the employing agency to change the physician's work-site or role within the agency. MDPH may consider such a request in the event of extenuating circumstances.

The next section outlines the three-step process of the J-1 Visa Waiver application in Massachusetts including details for submitting an application.

Three-Step J-1 Visa Waiver Application Process

Step 1: Apply for Case File Number

Prior to application for a J-1 Visa Waiver, the United States Department of State requires that the physician/applicant submit to them their approved Waiver Review Application Data Sheet. This Data Sheet submission must be accompanied by a user fee of \$215, paid with a cashier's check or a money order made payable to the U.S. Department of State.

The Data Sheet DS-3035 can be found at: <http://travel.state.gov/pdf/ds3035.pdf>

Send this application and payment to:

U.S. Department of State
Waiver Review Division
P. O. Box 952137
St. Louis, MO 63195-2137

The Waiver Review Division will process the Data Sheet submission and forward a Case File Number and application instructions to the applicant. This Case File Number must appear on every page of the application packet submitted to MDPH.

MDPH will only review completed applications that have an established Case File Number.

Step 2: Submit the required documents to the Massachusetts Department of Public Health

The following documents should be submitted collectively and in the order indicated to MDPH as one application packet. A checklist of the necessary items and the order in which the packet should be compiled is included as Appendix D of this document. The **Case File Number** must appear on every page of the application packet.

Submit one original and one copy of the entire waiver request package to:

Nicole Watson, Recruitment & Retention Program Coordinator
Primary Care Office
Massachusetts Department of Public Health
250 Washington Street, 5th Floor
Boston, MA 02108-4619

1. Employing Agency Request Letter

The Agency must provide a request letter from the chief administrator of the employing health care agency that includes the following:

- a) A request that MDPH act as an interested government agency and support a waiver for the J-1 Visa physician, to the Department of State
- b) State that the facility is located in a currently designated Health Professional Shortage Area (HPSA) or Medically Underserved Area/Population (MUA/MUP); Identify the Shortage Designation Area by number and type. Instructions for determining whether a site is in a qualified area are included in Appendix A
- c) Statement that the facility is unequivocally offering the physician full time employment for at least three (3) years (see also #3 Signed Employment Contract)
- d) A description of how the physician's services are required and in the public interest
- e) The employment responsibilities of the J-1 visa physician
- f) Statement that the facility participates in MassHealth (Medicaid) and Medicare; Provides care regardless of the patient's ability to pay a fee; and has a sliding fee scale. The sliding fee scale should be based on the patient's ability to pay a fee. Providers may establish any number of incremental percentages (discount pay class) as they find appropriate and must at a minimum address those patients who are at or below 200% of the Federal Poverty Level. For more information on the current U.S Department of Health and Human Service Federal Poverty Level guidelines, go to: <http://www.aspe.hhs.gov> and see the section "Often Requested" (on the left hand side of the screen); then click on "Poverty Guidelines". Include the sliding fee scale implementation plan, and public notice, as well as the agency's written commitment to the use of the sliding fee scale.
- g) Statement that the facility will comply with the J-1 visa monitoring activities, and will notify the MDPH Primary Care Office in writing within 7 days if the J-1 physician is no longer employed full-time at the facility during the three (3) year period
- h) A mutually signed employment contract between the employing agency and the J-1 Physician
- i) A completed "Application Information Sheet" form (Appendix C). This form must be complete and include the practice site address and relevant Health Professional Shortage Area (HPSA) or Medically Underserved Area/Population (MUA/P) assigned number. If the practice site address is different from the employer address, include both and identify each appropriately.

2. DATA SHEET AND CASE FILE NUMBER

Submit a legible photocopy of the completed DOS Waiver Review Application Data Sheet and Case File Number as received from the DOS in St. Louis (Data Sheet DS-3035).

3. SIGNED EMPLOYMENT CONTRACT

Include a completed, dated, employment contract signed by the Physician and the Executive Director of the health care agency stipulating the following:

- a) Physician agrees to practice medicine for a minimum of 40 hours per week providing clinical care only, for a minimum of three (3) years at the employer site
- b) Physician agrees to begin employment within 90 days of receiving a waiver and agrees to continue to work in accordance with Federal and State visa waiver guidelines at the employer site
- c) Physician's annual salary, showing that the physician is receiving a competitive salary
- d) Name and address of the health care site(s) and the geographic area(s) where the physician will practice.

MDPH discourages non-compete clauses.

4. SIGNED STATEMENT OF AGREEMENT

The physician must submit a signed and dated letter stating that the Physician:

- a) Agrees to "meet the requirements set forth in section 214 (1) of the Immigration and Nationality Act"
- b) Will begin employment at the facility within 90 days of receiving the waiver
- c) Will work at the facility for at least three (3) years

5. PHYSICIAN ATTESTATION SAMPLE

I, _____, hereby declare and certify, under penalty of the provisions of 18USC.1001, that:
(1) I have sought or obtained the cooperation of the _____ Department of Health which is submitting an IGA request on behalf of me under the Conrad 30 program to obtain a waiver of the two-year home residency requirement; and (2) I do not now have pending nor will I submit during the pendency of this request, another request to any U.S. Government department or agency or any equivalent, to act on my behalf in any matter relating to a waiver of my two-year home residence requirement

6. COPIES OF ALL IAP-66 FORMS

7. CURRENT COPY OF THE PHYSICIAN'S CURRICULUM VITAE

8. LETTER OF "NO OBJECTION" FROM HOME GOVERNMENT (when applicable)

The J-1 Visa physician should obtain a letter of "no objection" from his/her home country ONLY IF the J-1 physician had medical education or post-graduate training in the United States FUNDED BY the government of the graduate's home country.

If a J-1 waiver applicant requires a letter of “no objection”, the Department of State requests that the letter clearly state that it is pursuant to Public Law 103-416.

9. FACILITY DESCRIPTION

- a) Describe the facility's mission, services, and target population.
- b) Describe the current medical or mental health care needs of the underserved populations in your area.
- c) Describe how the J-1 visa physician's qualifications and proposed responsibilities will improve access to medical or mental health care services in your area for the underserved population.
- d) Document that the facility accepts Masshealth (Medicaid) and Medicare, and offers a (sliding fee scale) to uninsured patients; and the percentage of your current patients in each.

10. RECRUITMENT EFFORTS

Summarize the recruitment efforts the health care facility has undertaken to locate a qualified U.S. physician. The employer must clearly demonstrate that a suitable U.S. physician cannot be found. Include information on how long the position has been vacant, how many inquiries have been submitted, salary offered, and if the position has been offered to any U.S. physicians. Advertisements, agreements with placement agencies and other proof of recruitment efforts for a minimum of six (6) months must be included. In addition, the facility's long range plans for retention of the physician beyond the three (3) year obligation should be detailed.

11. LETTERS OF COMMUNITY SUPPORT

For all applications, submit letters from at least three (3) community agencies stating the J-1 placement is critical and will help alleviate health care access problems for the underserved population of the community.

Step 3: Application Packet and MDPH Support Letter is sent to the Department of State

After reviewing all application materials, the Massachusetts Department of Public Health will make a decision on supporting a physician for a J-1 waiver. For those applicants who are supported by MDPH, the entire application packet including the support letter will be sent by MDPH to the U.S. Department of State. A copy of the support letter will also be sent to the physician, the employer and the legal representative when appropriate.

Once the application is sent to the U.S. Department of State, MDPH will only be involved in responding to DOS questions regarding items in the application packet. Application processing at the Department of State generally takes 6-8 weeks. MDPH will have no additional information regarding the status of a candidate unless a specific issue or question arises from DOS. Candidates can check their status at DOS through the following website:

http://travel.state.gov/visa/temp/info/infor_1296.tml

A support letter from MDPH is an essential step in the process but does not ensure that a candidate will receive a waiver.

Physicians must also obtain an H-1B visa in order to begin employment. MDPH plays no role in this part of the process.

Appendix A: Instructions for finding out the designation status of a practice site

1. In most cases, to determine whether a practice site is in an underserved area it is important to have the Census Tract number (usually four digits, sometimes with two decimal points included e.g. 8011.02).

Census tracts for a **specific address** can be found at:

<http://www.ffiec.gov/geocode/default.htm>

Type in the address and press SEARCH and the resulting search should provide the census tract in the bottom right corner of the grid.

2. You can use the census tract to check designation status via the searchable databases for the HPSA and MUA/P designations:

HPSA database: <http://hpsafind.hrsa.gov/>

MUA/MUP database: <http://muafind.hrsa.gov/>

Searching by state and county in either database will be the most efficient. Statewide searches are large and difficult to peruse.

In the HPSA database be sure to use STATUS="designated".

In the MUA/P database it will first give you all designations for that county. Click on the MUAID# (five digits) to access the Census Tract information for each designated area.

Remember that if a town or city is on the Designation List without specific census tracts, it means that the whole municipality is designated.

For information about the Health and Human Services (HHS) waiver program refer to:

<http://www.globalhealth.gov/newguidelines1.shtml>

For current information and updates about the Massachusetts Visa Waiver program refer to:

<http://www.mass.gov/dph/fch/primcare.htm>

For information about: Massachusetts Community Health Centers (CHCs) and job postings at the CHCs refer to: www.massleague.org

For information about: Massachusetts Hospitals refer to: www.mhalink.org

For other questions contact Nicole Watson at: J1@dph.state.ma.us

Appendix B: Language Guide for Conrad-30/J-1 Visa Waiver Program

<u>Community</u>	<u>Language</u>
Boston	Spanish, Haitian Creole, Chinese, Vietnamese Cape Verdean, Portuguese, Arabic, Khmer
Brockton	Cape Verdean, Spanish, Haitian Creole, Portuguese, Chinese
Cambridge	Spanish, Haitian Creole, Portuguese, Chinese
Cape Cod	Cape Verdean, Portuguese, Spanish
Chelsea	Spanish, Vietnamese, Portuguese
Everett	Spanish, Portuguese, Haitian Creole, Vietnamese
Fall River	Portuguese, Spanish, Khmer
Fitchburg	Spanish
Framingham	Spanish, Portuguese, Chinese
Holyoke	Spanish
Lawrence	Spanish, Khmer, Vietnamese
Lowell	Khmer, Spanish, Portuguese, Vietnamese
Lynn	Spanish, Khmer, Vietnamese, Portuguese
New Bedford	Spanish, Portuguese, Cape Verdean
Quincy	Chinese, Vietnamese
Revere	Bosnian, Khmer, Spanish
Salem	Spanish
Somerville	Spanish, Portuguese, Haitian Creole
Southbridge	Spanish
Springfield/ W. Springfield	Spanish, Vietnamese
Worcester	Spanish, Vietnamese, Portuguese, Chinese, Arabic

APPENDIX C

Massachusetts Department of Public Health (MDPH)
Primary Care Office - Visa Waiver Programs
250 Washington Street, Boston, MA 02108-4619

Voice 617-624-6075 Email: J1@dph.state.ma.us

Confidential Information

Application Information Sheet
Conrad-30 Program Or National Interest Waiver

Physician Last Name: Male: ☐ Female: ☐

Physician First Name: MI:

Date of Birth: Dept of State Case #:

Place of Birth:

Practice/Specialty:

Purpose of request for letter from MDPH: Check one Conrad-30 Program ☐ National Interest Waiver ☐

Employer Name:

Employer Address:

Employer Contact Name: Phone:

Practice Site Name:

Practice Site Address:

County: Census Tract:

HPSA #: MUA or MUP # (if applicable):

Lawyer Name: N/A (if not applicable) ☐

Law Firm Name:

Law Firm Address:

Phone: Fax:

Email:

Appendix D: Checklist of application materials required for MDPH review

The following application documents must be included, and packaged in the order noted below. The DOS case file number must appear on every page of the application.

- _____ **Appendix C**
- _____ **Request letter from Agency**
- _____ **Copy of Data Sheet (DS-3035)**
- _____ **Copy of signed employment Contract (including signed statement of agreement)**
- _____ **Physician Attestation**
- _____ **Copies of all IAP-66's/DS-2019**
- _____ **Facility Description (including a copy of the sliding fee scale)**
- _____ **Evidence of Shortage Designation Status**
- _____ **Signed and dated Personal Statement from Physician regarding his/her reasons for not wishing to fulfill the two-year home country residence requirement**
- _____ **Curriculum Vitae of J-1 Physician (including a copy of license to practice in Massachusetts or a copy of the first page of the application)**
- _____ **An Explanation For Out of Status (when applicable)**
- _____ **Form G-28 (when applicable)**
- _____ **Front and Back Copy of I-94 Entry and Departure Cards**
- _____ **Recruitment Efforts (including copy of advertisements for a minimum of six (6) months and long range retention strategy)**
- _____ **Three (3) letters of Community Support**
- _____ **An original and one copy of the complete application packet**

Do not include any other documents that are not required by MDPH.

If you have additional questions please contact
Nicole Watson
Recruitment and Retention Program Coordinator
J1@dph.state.ma.us or call 617-624-6075